

New law authorizes a person to elect not to provide certain health care services that violate his conscience, to the extent that patient access to health care is not compromised. Further protects persons from punitive measures such as liability, discrimination, adverse employment action, prejudice, or general damage for refusing to provide certain health care services.

New law provides that new law shall not prevent any employer or patient from inquiring whether a person declines to participate in certain health care services.

New law provides that when a patient requests certain health care services, a person, shall identify in writing, his declination to provide those services.

New law provides that the provisions of new law shall not be construed to relieve any health care provider from providing emergency care as required by law.

New law further provides that all persons who have a sincerely held religious belief or moral conviction and who seek employment at a health care facility shall notify the prospective employer of the existence of such belief. Any health care facility that employs a person with a sincerely held religious belief or moral conviction shall ensure that the facility has sufficient staff to provide patient care.

New law provides that a person shall notify his employer in writing as soon as practicable of any health care service which violates his conscience. A person shall notify any patient before providing any consultation or service to the patient.

New law defines "conscience" as a sincerely held religious belief or moral conviction.

New law defines "health care service" as being limited to abortion, dispensation of abortifacient drugs, human embryonic stem cell research, human embryo cloning, euthanasia, or physician-assisted suicide.

New law requires that a suit brought for a violation of new law be in accordance with R.S. 23:303.

New law authorizes DHH to accept intergovernmental transfers from local governing bodies, for the purpose of enhancing the delivery of health care services for the uninsured and Medicaid patients.

New law provides that DHH may establish a methodology utilizing a pool, to facilitate distribution of any transfers received in addition to any federal financial participation earned through the use of transfers.

New law further requires the methodology to be created with the intent to maximize the return to the providers within the jurisdiction of the local governing body from which transfer is derived. DHH may create criteria for qualification to participate and priorities for reimbursement within the respective pool. Any criteria may include health care providers which reside outside the jurisdiction of the transferring body.

New law authorizes DHH to submit waivers or state plan amendments to the Centers for Medicare and Medicaid Services (CMS) to secure federal financial participation in relation to payments or reimbursement. Payments shall only be made in accordance with an approved waiver or state plan amendment.

Effective August 15, 2009.

(Adds R.S. 40:1299.35.9 and 1300.291)